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Bib Data Sheet

CONFIRMATION NO. 2739

SERIAL NUMBER 10/035,053	FILING OR 371(c) DATE 12/28/2001 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 21429-PA
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

ITALY MC2001 U 000029 06/15/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **
**** 02/01/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS

FILING FEE RECEIVED 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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